Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	ut Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
your government-issued picture identification (for	Write the name that is on your government-issued picture identification (for example, your driver's	Juana First name	First name	name
	license or passport).	Middle name	Middle name	le name
	Bring your picture identification to your meeting with the trustee.	Salas Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years	3		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2102		

Der	Juana Salas		Case number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		87-12 77th Street				
		Woodhaven, NY 11421 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Queens				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
bankruptcy		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

	tor 1	Juana Salas					Case number (if known)		
Part	2:	Tell the Court About Y	our Bank	ruptcy Ca	ise				
7.	Bank	chapter of the ruptcy Code you are sing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	CIIOO	sing to me under	■ Chapt	ter 7					
			☐ Chapt	ter 11					
			☐ Chapt	ter 12					
			☐ Chapt	ter 13					
8.	How	you will pay the fee	abo ord a p	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.					
					e in Installments (C		tion, sign and attach the Application for	individuals to Pay	
			but app	is not req olies to you	uired to, waive you ur family size and y	r fee, and may do so only if y ou are unable to pay the fee	on only if you are filing for Chapter 7. B your income is less than 150% of the of in installments). If you choose this opti ficial Form 103B) and file it with your pe	ficial poverty line that on, you must fill out	
9. Have you filed for ■ No									
	bank	ankruptcy within the st 8 years?	■ No. □ Yes.						
last o ye		years:	☐ res.	District		When	Case number		
				District					
				District		When	Case number		
10.		ny bankruptcy	■ No						
	filed not fi you,	s pending or being by a spouse who is ling this case with or by a business er, or by an ate?	☐ Yes.						
				Debtor			Relationship to you		
				District		When	Case number, if known		
				Debtor			Relationship to you		
				District		When	Case number, if known		
11.		ou rent your ence?	■ No.	Go to I	ine 12.				
			☐ Yes.	Has yo	our landlord obtaine	d an eviction judgment again	nst you?		
					No. Go to line 12.				
					Yes. Fill out <i>Initial</i> this bankruptcy pe		n Judgment Against You (Form 101A) a	nd file it as part of	

Deb	otor 1 _ Juana Salas				Case number (if known)	
Par	t 3: Report About Any Bu	sinesses	You Own	as a Sole Proprie	etor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.		
		☐ Yes.	Name	and location of bus	siness	
	A sole proprietorship is a					
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Stat	ate & ZIP Code	
	it to this petition.		Chec	k the appropriate bo	ox to describe your business:	
				Health Care Busir	iness (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	al Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as d	defined in 11 U.S.C. § 101(53A))	
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))	
				None of the above	/e	
Chapter 11 of the deadlines. If you indicate that you are a small business de		e court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure	f			
	debtor? For a definition of small	■ No.	I am r	not filing under Chap	pter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code	•	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am f	iling under Chapter	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code	; .
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or An	ny Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?		
	public health or safety? Or do you own any property that needs			liate attention is		
	immediate attention?		needed,	why is it needed?		_
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?		
	· ,				Number, Street, City, State & Zip Code	

Debtor 1 Juana Salas Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 1-20-40236-cec Doc 1 Filed 01/14/20 Entered 01/14/20 17:54:22

Deb	tor 1 Juana Salas			Case number (if I	known)				
Par	6: Answer These Quest	ions for R	eporting Purposes						
16.	What kind of debts do you have?	16a.	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurrindividual primarily for a personal, family, or household purpose."						
			□ No. Go to line 16b.						
			Yes. Go to line 17.						
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			□ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you owe th	at are not consumer debts or business de	ebts				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	to line 18.					
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured	■ Yes.		u estimate that after any exempt property e to distribute to unsecured creditors?	is excluded and administrative expenses				
	creditors?								
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000				
19.	How much do you estimate your assets to be worth?	□ \$100,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion				
20.	How much do you estimate your liabilities to be?	□ \$100,	50,000 101 - \$100,000 101 - \$500,000 1001 - \$1 million	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion				
Par	7: Sign Below								
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.							
			If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request	relief in accordance with the chapte	er of title 11, United States Code, specifie	d in this petition.				
		Juana S		Signature of Debtor 2					
		Executed	d on <u>January 14, 2020</u> MM / DD / YYYY	Executed on MM / DI	D/YYYY				

Debtor 1 Juana Salas		Case	Case number (if known)			
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, United	States Code, and have ex	nformed the debtor(s) about eligibility to proceed cplained the relief available under each chapter ebtor(s) the notice required by 11 U.S.C. § 342(b)			
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, schedules filed with the petition is incorrect.	certify that I have no knowl	edge after an inquiry that the information in the			
	/s/ Seni Popat, Esq.	Date	January 14, 2020			
	Signature of Attorney for Debtor		MM / DD / YYYY			
	Seni Popat, Esq. Printed name					
	Law Office of Seni Popat, P.C.					
	Firm name					
	260-14 Hillside Avenue Ground Floor					
	Floral Park, NY 11004					
	Number, Street, City, State & ZIP Code					
	Contact phone 718-343-8888	Email address	sp@splawpc.com			
	4879474 NY					
	Bar number & State					

Fill	in this inform	nation to identify your	case:				
Deb	otor 1	Juana Salas					
Deb	otor 2	First Name	Middle Name	Last Name			
1 -	use if, filing)	First Name	Middle Name	Last Name			
Unit	ted States Bar	nkruptcy Court for the:	EASTERN DISTRICT	OF NEW YORK			
Cas (if kno	se number					_	if this is an ded filing
		<u>rm 106Sum</u>					
				nd Certain Statistic			12/15
infor	rmation. Fill o	out all of your schedule	es first; then complete t	e are filing together, both are the information on this form. ck the box at the top of this p	. If you are filing amend		
Part	t 1: Summa	arize Your Assets					
						Your as	ssets If what you own
1.	Schedule A/ 1a. Copy line	/B: Property (Official Fo	orm 106A/B) rom Schedule A/B			\$	714,298.00
	1b. Copy line	e 62, Total personal pro	perty, from Schedule A/B			\$	3,050.00
	1c. Copy line	e 63, Total of all property	y on Schedule A/B			\$	717,348.00
Part	t 2: Summa	arize Your Liabilities					
							abilities t you owe
2.			laims Secured by Propen mn A, Amount of claim, a	ty (Official Form 106D) t the bottom of the last page of	f Part 1 of Schedule D	\$	661,675.00
3.			Unsecured Claims (Offici 1 (priority unsecured clai	al Form 106E/F) ms) from line 6e of <i>Schedule E</i>	E/F	\$	25,925.70
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedul	le E/F	\$	34,505.92
					Your total liabilities	\$	722,106.62
Part	t 3: Summa	arize Your Income and	Expenses				
4.		Your Income (Official Foombined monthly incom		le I		\$	4,303.28
5.		Your Expenses (Official onthly expenses from li				\$	5,180.00
Part	4: Answe	r These Questions for	Administrative and Sta	tistical Records			
6.	-	• • •	er Chapters 7, 11, or 13 on this part of the form.	? Check this box and submit this	form to the court with yo	ur other sch	nedules.
7.	Yes What kind o	f debt do you have?					
				debts are those "incurred by a g for statistical purposes. 28		a personal,	family, or
		ebts are not primarily of the state of the s		ave nothing to report on this pa	art of the form. Check this	s <i>box</i> and si	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Juana Salas Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,200.00

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	25,925.70
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	25,925.70

Fill is	n this inform	nation to identify	your case and th	is filing	1.			
		<u> </u>	<u> </u>	is illiilg	j.			
Debt	or 1	Juana Salas First Name		Name	Last Name			
Debt		First Name	N Ai al al la	Name	Leat Name			
	se, if filing)	First Name		Name	Last Name			
Unite	ed States Ba	nkruptcy Court for	the: EASTERN	DISTRI	CT OF NEW YORK			
Case	number _							Check if this is an
								amended filing
Offi	icial Fo	<u>rm 106A/E</u>	<u> </u>					
Sc	hedul	e A/B: Pi	roperty					12/15
think i inform	t fits best. Be action. If more er every ques	e as complete and e space is needed, tion.	accurate as possibl attach a separate sl	e. If two neet to ti	only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages Estate You Own or Have an Interest In	equally responsib	le for supply	ying correct
1. Do	you own or h	ave any legal or eq	uitable interest in a	ny resid	lence, building, land, or similar property?			
	No. Go to Part	t 2.						
.	Yes. Where is	s the property?						
1.1	0740 774	0 4 4		What	is the property? Check all that apply			
_	8712 77th Street Street address, if available, or other description		☐ Single-family home		Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D</i> :			
	33 3 3	avallable, e. eliler dec			Duplex or multi-unit building Condominium or cooperative			Secured by Property.
					Condominant of Cooperative			
					Manufactured or mobile home	Current value of	the C	urrent value of the
_	Woodhave		11421-0000			entire property?	•	ortion you own?
	City	State	ZIP Code		Investment property Timeshare	\$714,29		\$714,298.00
					Other			ownership interest y by the entireties, or
				Who	has an interest in the property? Check one	a life estate), if h	mown.	
	Queens				Debtor 1 only Debtor 2 only	Fee simple		
_	County				Debtor 2 only Debtor 1 and Debtor 2 only			
					At least one of the debtors and another	☐ Check if thi (see instructio		nity property
				Othe	r information you wish to add about this ite	m, such as local		
				prop	erty identification number:			
			•		your entries from Part 1, including any			\$714,298.00
р	ages you h	ave attached for	Part 1. Write that	numbe	r here	=>		Ψ714,230.00
Dort 1	Dogariba '	Vour Vohiolos						
Part 2	Describe	Your Vehicles						
					ny vehicles, whether they are registerd Schedule G: Executory Contracts and Uni		e any vehic	eles you own that
3. Ca	rs, vans, tru	ucks, tractors, sp	ort utility vehicle	s, moto	prcycles			
	No							
	Yes							

Del	otor 1 Juana Sa	Case number (if known)	
		motor homes, ATVs and other recreational vehicles, other vehicles, and accessories ers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	
	No		
] Yes		
		e of the portion you own for all of your entries from Part 2, including any entries for ached for Part 2. Write that number here	\$0.00
		ersonal and Household Items	
Do	you own or have a	ny legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	lousehold goods ar	nd furnishings liances, furniture, linens, china, kitchenware	
_	⊒ No	narious, ratintale, interio, officia, activitivale	
ı	Yes. Describe		
		Used Bed/Mattresses	
		Location: 87-12 77th Street, Woodhaven NY 11421	\$500.00
		Used sofas/tables/chairs	
		Location: 87-12 77th Street, Woodhaven NY 11421	\$600.00
		Used Kitchen Equipments	¢200.00
		Location: 87-12 77th Street, Woodhaven NY 11421	\$300.00
	Electronics Examples: Television	is and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music co	ollections: electronic devices
	including	cell phones, cameras, media players, games	,
	□ No ■ Yes. Describe		
•	- Tes. Describe		
		Used Tv	\$400.00
		Location: 87-12 77th Street, Woodhaven NY 11421	Ψ+00.00
		Used Cellphones Location: 87-12 77th Street, Woodhaven NY 11421	\$450.00
		and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, ections, memorabilia, collectibles	or baseball card collections;
ı	No		
[☐ Yes. Describe		
		s and hobbies notographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a struments	nd kayaks; carpentry tools;
	Tyes. Describe		
10.	Firearms Examples: Pistols, r	ifles, shotguns, ammunition, and related equipment	
ı	■ No	-	
[☐ Yes. Describe		

Deb	tor 1	Juana Salas		Case number (if	known)
	Clothe:		othes, furs, leather coats, design	gner wear, shoes, accessories	
_] No É	, ,	, , ,		
	Yes.	Describe			
			Used Clothings	reet, Woodhaven NY 11421	\$300.00
			Location. 67-12 77th Sti	eet, woodilavell NT 11421	
	No .		welry, costume jewelry, engago	ement rings, wedding rings, heirloom jewelry, watches,	gems, gold, silver
-		rm animals oles: Dogs, cats,	birds, horses		
	No				
	Yes.	Describe			
	Any ot I No	her personal an	d household items you did n	oot already list, including any health aids you did no	t list
	Yes.	Give specific infe	ormation		
15.				rt 3, including any entries for pages you have attacl	sed \$2,550.00
Part	4: De:	scribe Your Finan	cial Assets		
			egal or equitable interest in a	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	<i>Examp</i> I No		nave in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file yo	ur petition
_	Examp -			unts; certificates of deposit; shares in credit unions, brokwith the same institution, list each.	kerage houses, and other similar
_	I No I Yes			Institution name:	
			17.1. Checking	Capital One Bank	\$500.00
	<i>Examp</i> INo		or publicly traded stocks investment accounts with brok Institution or issuer n	kerage firms, money market accounts ame:	
	joint v	ublicly traded strenture	ock and interests in incorpo	rated and unincorporated businesses, including an	interest in an LLC, partnership, and
	No				
L	J Yes.	Give specific info	ormation about them Name of entity:	 % of ownership):
_	Negoti Non-ne	iable instruments	include personal checks, cash	iable and non-negotiable instruments niers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them.	
	No Voc	Give enocific info	armation about them		
	ıres.	Give specific info	ormation about them		

Case 1-20-40236-cec Doc 1 Filed 01/14/20 Entered 01/14/20 17:54:22

De	ebtor 1 Juana Salas	S		Case number (i	f known)
		Issuer name:			
	■ No	IRA, ERISA, Keogh, 401(k), 403(b), thrift savings acco	ounts, or other pension or profit-	sharing plans
	☐ Yes. List each accou	nt separately. Type of account:	Institution name:		
22.	Examples: Agreement	I prepayments ed deposits you have made so the s with landlords, prepaid rent, pub			companies, or others
	■ No □ Yes		Institution name of	or individual:	
23.	_ `	for a periodic payment of money t	o you, either for life o	r for a number of years)	
	■ No □ Yes	ssuer name and description.			
24.		ion IRA, in an account in a qual 529A(b), and 529(b)(1).	ified ABLE program	, or under a qualified state tu	ition program.
		nstitution name and description. S	eparately file the rec	ords of any interests.11 U.S.C.	§ 521(c):
	■ No		r than anything liste	ed in line 1), and rights or pov	vers exercisable for your benefit
	Yes. Give specific in		dhaadada Uaadaadaa		
∠6.		rademarks, trade secrets, and on main names, websites, proceeds			
	☐ Yes. Give specific in	formation about them			
27.		and other general intangibles rmits, exclusive licenses, coopera	itive association hold	ings, liquor licenses, profession	al licenses
	Yes. Give specific in	formation about them			
M	oney or property owed	to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to	you			
	■ No □ Yes. Give specific inf	formation about them, including w	hether you already fil	ed the returns and the tax years	S
29.	Family support Examples: Past due o ■ No	r lump sum alimony, spousal supp	oort, child support, ma	aintenance, divorce settlement,	property settlement
	Yes. Give specific int	formation			
30.	benefits; u	one owes you ges, disability insurance payments npaid loans you made to someon		sick pay, vacation pay, workers	' compensation, Social Security
	■ No□ Yes. Give specific in	formation			
31.	Interests in insurance Examples: Health, disa	e policies ability, or life insurance; health sa	vings account (HSA);	credit, homeowner's, or renter's	s insurance
		ance company of each policy and Company name:	list its value.	Beneficiary:	Surrender or refund value:

Case 1-20-40236-cec Doc 1 Filed 01/14/20 Entered 01/14/20 17:54:22

Debtor 1	Juana Salas	Case number (if known)	
If you	terest in property that is due you from someone who leare the beneficiary of a living trust, expect proceeds from some has died.		eive property because
■ No			
☐ Yes.	Give specific information		
	s against third parties, whether or not you have filed a ples: Accidents, employment disputes, insurance claims, o		
■ No		-	
☐ Yes.	Describe each claim		
34. Other •	contingent and unliquidated claims of every nature, in	cluding counterclaims of the debtor and rights to	set off claims
☐ Yes.	Describe each claim		
-	nancial assets you did not already list		
■ No			
☐ Yes.	Give specific information		
	the dollar value of all of your entries from Part 4, incluant 4. Write that number here		\$500.00
Part 5: De	escribe Any Business-Related Property You Own or Have an Ir	nterest In. List any real estate in Part 1.	
37. Do you	own or have any legal or equitable interest in any business-re	elated property?	
No. Go	o to Part 6.		
☐ Yes. 0	Go to line 38.		
	escribe Any Farm- and Commercial Fishing-Related Property Nou own or have an interest in farmland, list it in Part 1.	ou Own or Have an Interest In.	
`	u <mark>own or have any legal or equitable interest in any far</mark> Go to Part 7.	m- or commercial fishing-related property?	
☐ Yes	s. Go to line 47.		
	_		
Part 7:	Describe All Property You Own or Have an Interest in That	You Did Not List Above	
Exam	u have other property of any kind you did not already I ples: Season tickets, country club membership	ist?	
■ No			
☐ Yes.	Give specific information		
54. Add 1	the dollar value of all of your entries from Part 7. Write	that number here	\$0.00

Case 1-20-40236-cec Doc 1 Filed 01/14/20 Entered 01/14/20 17:54:22

Debtor 1	Juana Salas		Case number (if known)	
Part 8:	List the Totals of Each Part of this Form			
55. Part	1: Total real estate, line 2			\$714,298.00
56. Part :	2: Total vehicles, line 5	\$0.00		
57. Part	3: Total personal and household items, line 15	\$2,550.00		
58. Part	4: Total financial assets, line 36	\$500.00		
59. Part	5: Total business-related property, line 45	\$0.00		
60. Part	6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part	7: Total other property not listed, line 54 +	\$0.00		
62. Total	personal property. Add lines 56 through 61	\$3,050.00	Copy personal property total	\$3,050.00
63. Total	of all property on Schedule A/B. Add line 55 + line 62			\$717,348.00

Fil	l in this informa	tion to identify your case:				
De	btor 1	Juana Salas				
_	h ta n O	First Name	Middle Name	L	ast Name	
	ebtor 2 ouse if, filing)	First Name	Middle Name	L	ast Name	
Un	ited States Bank	ruptcy Court for the: EAS	STERN DISTRICT OF NE	EW Y	ORK	
0-						
	nse number					☐ Check if this is an
						amended filing
\sim	Kisial Famu	400C				
	fficial Forr					
S	chedule	C: The Prope	erty You Cla	<u>im</u>	as Exempt	4/19
the nee cas	property you listed eded, fill out and a e number (if kno	ed on <i>Schedule A/B: Proper</i> attach to this page as many wn).	ty (Official Form 106A/B) copies of <i>Part 2: Additior</i>	as yo nal Pa	our source, list the property that you age as necessary. On the top of any	additional pages, write your name and
spe any fun exe	ecific dollar amo applicable stat ds—may be unl emption to a par	ount as exempt. Alternative utory limit. Some exempti imited in dollar amount. H	ely, you may claim the f ons—such as those for owever, if you claim an	ull fai healt exen	th aids, rights to receive certain b nption of 100% of fair market valu	ing exempted up to the amount of enefits, and tax-exempt retirement
Pa	rt 1: Identify	the Property You Claim as	Exempt			
1.	Which set of e	xemptions are you claimin	ng? Check one only, ever	n if yo	ur spouse is filing with you.	
	You are clair	ming state and federal nonba	ankruptcy exemptions. 1	11 U.S	S.C. § 522(b)(3)	
	_	ming federal exemptions. 1	. , .			
2			3 () ()	mnt	fill in the information below.	
۷.		• •	•	• •		Consider laws that allow accounting
		of the property and line on at lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
	8712 77th St	reet Woodhaven, NY	\$714,298.00	_	\$76,606.00	NYCPLR § 5206
	11421 Queei	ns County	Ψ7 1 4 ,230.00	_		•
	Line from Sche	dule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	Used Bed/Ma	attresses	\$500.00		\$500.00	NYCPLR § 5205(a)(5)
	Location: 87- Woodhaven	-12 77th Street,		_		
	Line from Sche				100% of fair market value, up to any applicable statutory limit	
	Used sofas/t	ables/chairs	\$600.00		\$600.00	NYCPLR § 5205(a)(5)
		-12 77th Street,	Ψοσο.σο	_	·	
	Woodhaven Line from Sche				100% of fair market value, up to any applicable statutory limit	
	Used Kitcher	n Equipments			****	NYCPLR § 5205(a)(5)
		-12 77th Street,	\$300.00		\$300.00	141 OF ER § 5205(a)(5)
	Woodhaven Line from <i>Sche</i>				100% of fair market value, up to any applicable statutory limit	
	Used Tv				· 	NYCPLR § 5205(a)(5)
		-12 77th Street,	\$400.00		\$400.00	5. = 3 0200(4)(0)
	Woodhaven Line from Sche				100% of fair market value, up to any applicable statutory limit	
	rue irom Sche	uule A/D: [.]			arry applicable Statutory IIIIIII	

Official Form 106C

Case 1-20-40236-cec Doc 1 Filed 01/14/20 Entered 01/14/20 17:54:22

De	btor 1	or 1 Juana Salas			Case number (if known)			
		description of the property and line on dule A/B that lists this property	Current value of the Amount of the exemption yo portion you own		ount of the exemption you claim	Specific laws that allow exemption		
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.			
		d Cellphones ation: 87-12 77th Street,	\$450.00		\$450.00	NYCPLR § 5205(a)(5)		
	Woo	from Schedule A/B: 7.2			100% of fair market value, up to any applicable statutory limit			
		d Clothings	\$300.00		\$300.00	NYCPLR § 5205(a)(5)		
	Location: 87-12 77th Street, Woodhaven NY 11421 Line from Schedule A/B: 11.1				100% of fair market value, up to any applicable statutory limit			
		cking: Capital One Bank	\$500.00		\$500.00	NYCPLR § 5205(a)(9)		
	Line	IIIIII Schedule A/B. 17.1			100% of fair market value, up to any applicable statutory limit			
3.	(Sub	you claiming a homestead exemption ject to adjustment on 4/01/22 and every	3 years after that for ca	ises fil	·	,		
		Yes. Did you acquire the property cove No	red by the exemption wi	thin 1	215 days before you filed this case	?		
		☐ Yes						

Fill in this inform	nation to identify you	ır case:			
Debtor 1	Juana Salas				
	First Name	Middle Name Last Na	me		
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Na	me		
-					
United States Bar	nkruptcy Court for the	EASTERN DISTRICT OF NEW YORK			
Case number					
(if known)				☐ Check	if this is an
				ameno	led filing
Official Form	106D				
		Who Hove Claims Soo	unad by Dranarty		40/45
Schedule	D: Creditors	Who Have Claims Secu	area by Property	<u>/</u>	12/15
		If two married people are filing together, both out, number the entries, and attach it to this fo			
, ,	have claims secured by	y your property?			
	•	his form to the court with your other schedu	les. You have nothing else to	report on this form.	
_	all of the information	•	J 1 1 1 1 1		
	I Secured Claims	bolow.			
<u> </u>			Column A	Column B	Column C
		more than one secured claim, list the creditor sep s a particular claim, list the other creditors in Part		Value of collateral	Unsecured
much as possible, li	st the claims in alphabeti	cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Bsi Financ	cial Services	Describe the property that secures the claim	*	\$714,298.00	\$0.00
Creditor's Name	9	8712 77th Street Woodhaven, NY			
		11421 Queens County			
101 N 2nd	St	As of the date you file, the claim is: Check all	that		
Titusville,		apply. Contingent			
Number, Street,	City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the de	bt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only		An agreement you made (such as mortgage	e or secured		
Debtor 2 only		car loan)			
Debtor 1 and De	•	☐ Statutory lien (such as tax lien, mechanic's	ien)		
☐ At least one of the Check if this cla	ne debtors and another	☐ Judgment lien from a lawsuit			
community del		☐ Other (including a right to offset)			
•					
	Opened 03/07 Last				
	Active				
Date debt was incu	urred 11/13/18	Last 4 digits of account number 4	535		
	•	olumn A on this page. Write that number here the dollar value totals from all pages.	, , , ,		
Write that number		the donar value totals from all pages.	\$661,67	5.00	
Part 2: List Oth	ners to Be Notified fo	or a Debt That You Already Listed			
		be notified about your bankruptcy for a debt th	at you alroady listed in Part 1	For example, if a collec	tion agonov is
trying to collect fro than one creditor f	om you for a debt you o	we to someone else, list the creditor in Part 1 t you listed in Part 1, list the additional credito	, and then list the collection ag	ency here. Similarly, if	you have more
		_			
	per, Street, City, State &	Zip Code	On which line in Part 1 did you en	ter the creditor? 2.1	
	Vartolo LLP St Suite 501		_ast 4 digits of account number	2018	
	c. NY 10004		Last - digits of account number _		

Official Form 106D

Debt	or 1 Juana Salas	i		Case number (if known)		
	First Name	Middle Name	Last Name			
	Name, Number, Stree U.S. Bank Natio 7114 E. Stetson Suite 250 Scottsdale, AZ 8	Drive		On which line in Part 1 did you enter the creditor?		
	Name, Number, Stree William T. Drisc 118-35 Queens Suite 940 Forest Hills, NY	Boulvard		On which line in Part 1 did you enter the creditor?		

Fill	in this inform	nation to identify your	case:					
	otor 1	Juana Salas						
Dei	0101 1	First Name	Middle Name	Last Nam	Э			
	otor 2							
(Spc	ouse if, filing)	First Name	Middle Name	Last Nam	9			
Uni	ted States Bar	nkruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK				
Cas	se number							
	nown)						☐ Check	if this is an
							amend	led filing
∩ff	icial Form	106E/F						
			ho Have Unsecu	ıred Claim	e			12/15
			e Part 1 for creditors with P			or craditors with NON	PRIORITY claims I i	
Sche left. nam	edule D: Credito Attach the Cont e and case num	ors Who Have Claims Sectinuation Page to this page	ired Leases (Official Form 1 ured by Property. If more sp ge. If you have no informationsecured Claims	ace is needed, co	py the Part	you need, fill it out,	number the entries i	n the boxes on the
1.	Do any credito	rs have priority unsecure	d claims against you?					
	☐ No. Go to Pa	art 2.						
	Yes.							
2.	identify what typ possible, list the	be of claim it is. If a claim has claims in alphabetical order	s. If a creditor has more than one as both priority and nonpriority are according to the creditor's naticular claim, list the other creation.	amounts, list that of ame. If you have n	laim here a	nd show both priority a	nd nonpriority amoun	ts. As much as
	(For an explana	tion of each type of claim,	see the instructions for this for	m in the instruction	booklet.)	Total claim	Priority amount	Nonpriority amount
2.1	NYS Sta	te Dept of Tax	Last 4 digits of	account number	8071	\$25,925.70	\$25,925.70	\$0.00
	•	editor's Name	W/	dalet in	2040			
		riman Campus NY 12227	When was the	aept incurrea?	2019		-	
		reet City State Zip Code	As of the date	you file, the claim	is: Check a	Ill that apply		
	Who incurred	I the debt? Check one.	☐ Contingent					
	Debtor 1 or	nly	☐ Unliquidated	ı				
	Debtor 2 or	nlv	☐ Disputed	•				
	_	nd Debtor 2 only	·	ITY unsecured cla	im·			
	_	,		pport obligations				
	_	e of the debtors and anothe	_					
		nis claim is for a commu	_	ertain other debts		· ·		
	Is the claim s	ubject to offset?		eath or personal in	ury while yo	u were intoxicated		
			Other. Speci	Unsecured	l dabt			
	☐ Yes			Unsecured	debt			
		l of Your NONPRIORIT						
3.	Do any credito	rs have nonpriority unse	cured claims against you?					
	☐ No. You hav	re nothing to report in this p	art. Submit this form to the co	urt with your other	schedules.			
	Yes.							
4.	unsecured claim	n, list the creditor separatel	aims in the alphabetical ord y for each claim. For each clai ist the other creditors in Part 3	m listed, identify when the state of the sta	nat type of c	laim it is. Do not list cla	aims already included	in Part 1. If more

Total claim

Debtor 1 Juana Salas			Case number (if known)	
4.1	Amex	Last 4 digits of account number	6613	\$1,566.00
	Nonpriority Creditor's Name P.o. Box 981537 El Paso, TX 79998	When was the debt incurred?	Opened 06/04	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	_	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debts	
	■ No	·		
	Yes	Other. Specify Credit Card	1	
4.2	Brooklyn Union Gas Co Nonpriority Creditor's Name	Last 4 digits of account number	2019	\$6,251.23
	1 Metrotech Center Brooklyn, NY 11201	When was the debt incurred?	2019	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□ Yes	■ Other. Specify Unsecured		
		— Other. Opcomy		
4.3	Brooklyn Union Gas Co Nonpriority Creditor's Name	Last 4 digits of account number		\$500.00
	1 Metrotech Center Brooklyn, NY 11201	When was the debt incurred?	2014	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	o plans, and other similar debts	
	■ No	, ,	•	
	Yes	Other. Specify Unsecured	debt	

Debtor	1 Juana Salas		Case number (if known)			
4.4	Brooklyn Union Gas Co	Last 4 digits of account number	5615	\$200.00		
	Nonpriority Creditor's Name 1 Metrotech Center	When was the debt incurred?	2015			
	Brooklyn, NY 11201	_				
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	· ·	• •			
	☐ Yes	Other. Specify Unsecured	debt			
4.5	Brooklyn Union Gas Co	Last 4 digits of account number	8015	\$200.00		
	Nonpriority Creditor's Name 1 Metrotech Center Brooklyn, NY 11201	When was the debt incurred?	2015			
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	•	,			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharin				
	Yes	Other. Specify Unsecured				
4.6	Brooklyn Union Gas Co	Last 4 digits of account number	1117	\$250.00		
	Nonpriority Creditor's Name	_				
	1 Metrotech Center Brooklyn, NY 11201	When was the debt incurred?	2017			
	Number Street City State Zip Code	As of the date you file, the claim i	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	-				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Unsecured	debt			

Debtor 1 Juana Salas		Case number (if known)		
4.7	Caine Weiner Nonpriority Creditor's Name	Last 4 digits of account number	2685	\$275.00
	Po Box 55848	When was the debt incurred?	Opened 9/04/19	
	Sherman Oaks, CA 91413	_	<u> </u>	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	 Obligations arising out of a separeport as priority claims 	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	or plans, and other similar debts	
		, ,	•	
	Yes	Other. Specify 01 Progres	sive insurance	
4.8	Consolidated Edision	Last 4 digits of account number	6616	\$250.00
	Nonpriority Creditor's Name PO Box 1702	When was the debt incurred?	2016	
	New York, NY 10116		2010	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing		
	☐ Yes	Other. Specify Unsecured debt		
4.9	Consolidated Edision	Last 4 digits of account number	1618	\$150.00
	Nonpriority Creditor's Name PO Box 1702	When was the debt incurred?	2018	
	New York, NY 10116	mon was the dest meaned.	2010	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing		
	☐ Yes	Other. Specify Unsecured	debt	

Debtor	1 Juana Salas		Case number (if known)	
4.1			1 0.1	
0	Department of Finance	Last 4 digits of account number	Juana Salas	Unknown
	Nonpriority Creditor's Name PO Box 2307	When was the debt incurred?	2017-2019	
	New York, NY 10272	mon was the dest mounted.	2017 2013	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	author agreement or arronde that you are not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Unsecured	debt	
		. ,		
4.1	Eos Cca	Last 4 digits of account number	7006	\$1,330.00
1	Nonpriority Creditor's Name			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Po Box 981008	When was the debt incurred?	Opened 09/17	
	Boston, MA 02298	_		
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin	- ·	
	Yes	Other. Specify Collection	Attorney Verizon	
4.1	Jpmcb Card	Last 4 digits of account number	8772	\$6,402.00
	Nonpriority Creditor's Name	_		
	Po Box 15369	When was the debt incurred?	Opened 08/07	
	Wilmington, DE 19850 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	no or and date you me, are claim.	c. chook all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	Student loans	. O.G	
	☐ Check if this claim is for a community debt	_	and a second and the second as	
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	Other. Specify Credit Card	<u> </u>	

Debto	r 1 _Juana Salas		Case number (if known)	
4.1	Midland Credit Managem	Last 4 digits of account number	5321	\$918.00
<u> </u>	Nonpriority Creditor's Name 320 East Big Beaver Troy, MI 48083	When was the debt incurred?	Opened 02/19	·
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	<u>_</u>	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Factoring C Bank N.A.	Company Account Credit One	
4.1	Midland Funding LLC	Last 4 digits of account number	8510	\$500.00
	Nonpriority Creditor's Name P.O. Box 2001 Warren, MI 48090	When was the debt incurred?	2010	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	_	☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Unsecured	•	
		· · · -		
4.1 5	Midland Funding LLC	Last 4 digits of account number	8610	\$150.00
	Nonpriority Creditor's Name P.O. Box 2001 Warren, MI 48090	When was the debt incurred?	2010	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other, Specify Unsecured	debt	

Debtor	Juana Salas		Case number (if known)	
4.1	National Recovery Agen	Last 4 digits of account number	2365	\$1,468.00
6	Nonpriority Creditor's Name	<u> </u>		\$1,100.00
	2491 Paxton Street Harrisburg, PA 17111	When was the debt incurred?	Opened 11/19	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharing		
	Yes	Other. Specify Collection	Attorney National Grid Ny	
4.1 7	NYC Water Board	Last 4 digits of account number	0001	\$14,095.69
	Nonpriority Creditor's Name PO Box 11863	When was the debt incurred?	2016	
	Newark, NJ 07101	when was the dept incurred?	2010	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	ng plans, and other similar debts	
	■ No □ Yes		ig plans, and other similar debts	
	in res	Other. Specify Utility Bill		
Part 3:	List Others to Be Notified About a D	ebt That You Already Listed		
is tryi have	ing to collect from you for a debt you owe to	someone else, list the original creditor in nat you listed in Parts 1 or 2, list the add or submit this page.	ou already listed in Parts 1 or 2. For example, n Parts 1 or 2, then list the collection agency h itional creditors here. If you do not have additi	ere. Similarly, if you
	nd Address rtment of Buildings	On which entry in Part 1 or Part 2 did you Line 4.10 of (<i>Check one</i>):	list the original creditor? Part 1: Creditors with Priority Unsecured Claims	
	roadway, 1st Floor		Part 2: Creditors with Nonpriority Unsecured Claims	
New \	York, NÝ 10007	Last 4 digits of account number	Juana Salas	aiitis
	and Address	On which entry in Part 1 or Part 2 did you		
•	rtment of Buildings		Part 1: Creditors with Priority Unsecured Claims	
	York, NY 10272	•	Part 2: Creditors with Nonpriority Unsecured Cla	aims
		Last 4 digits of account number	Juana Salas	
	nd Address	On which entry in Part 1 or Part 2 did you	_	
	er & Garbus LLP otor Parkway		Part 1: Creditors with Priority Unsecured Claims	
	nack, NY 11725	•	Part 2: Creditors with Nonpriority Unsecured Cla	aims
		Last 4 digits of account number	8510	
Name a	nd Address	On which entry in Part 1 or Part 2 did you	list the original creditor?	
	er & Garbus LLP		Part 1: Creditors with Priority Unsecured Claims	
	otor Parkway nack, NY 11725		Part 2: Creditors with Nonpriority Unsecured Cla	aims

Debtor 1 Juana Salas		Case number (if known)	
	Last 4 digits of account number	8610	
Name and Address P. Schenider & Assoc 80 Birch Hill Drive	On which entry in Part 1 or Part 2 di Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
Cairo, NY 12413		Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	5719	
Name and Address	On which entry in Part 1 or Part 2 di	· ·	
P. Schenider & Assoc 80 Birch Hill Drive	Line 4.4 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
Cairo, NY 12413		Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	5615	
Name and Address	On which entry in Part 1 or Part 2 di	•	
P. Schneider & Associates	Line 4.3 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
80 Birch Hill Drive Cairo, NY 12413		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Oano, 141 12415	Last 4 digits of account number	1414	
Name and Address	On which entry in Part 1 or Part 2 di		
P. Schneider & Associates	Line 4.5 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
80 Birch Hill Drive Cairo, NY 12413		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Julio, 141 12415	Last 4 digits of account number	8015	
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	
P. Schneider & Associates	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
80 Birch Hill Drive Cairo, NY 12413		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Callo, N1 12413	Last 4 digits of account number	1117	
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	
Vivian Dole, Esq.	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
4 Irving Place New York, NY 10003		Part 2: Creditors with Nonpriority Unsecured Claims	
New Tork, NT 10003	Last 4 digits of account number	6616	
Name and Address	On which entry in Part 1 or Part 2 di	•	
Vivian Dole, Esq.	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
4 Irving Place New York, NY 10003		Part 2: Creditors with Nonpriority Unsecured Claims	
1000	Last 4 digits of account number	1618	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 25,925.70
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 25,925.70
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 34,505.92

Case 1-20-40236-cec Doc 1 Filed 01/14/20 Entered 01/14/20 17:54:22

Debtor 1	Juana Sa	las	Case nu	mber (if known)		
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	34,505.92	

Fill in this infor	mation to identify your	case:			
Debtor 1	Juana Salas				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
Case number _					
(if known)					Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Bsi Financial Services
101 N 2nd St
Titusville, PA 16354

State what the contract or lease is for

Debtor 1	luana Salac				
JODIO! I	Juana Salas First Name	Middle Name	Last Name		
Debtor 2					
Spouse if, filin	ng) First Name	Middle Name	Last Name		
Jnited Sta	tes Bankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK	_	
Case num	ber				☐ Check if this is an
					amended filing
Officia	l Form 106H				
	lule H: Your Cod	lebtors			12/15
					.2,.0
	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
■ No	3				
	hin the last 8 years, have yours, California, Idaho, Louisiana				
■ No.	Go to line 3.				
	Go to line 3. S. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
		use, or legal equivalent live	e with you at the time?		
Yes 3. In Col	s. Did your spouse, former spo umn 1, list all of your codeb 2 2 again as a codebtor only	tors. Do not include your if that person is a guaran	spouse as a codebto tor or cosigner. Make	sure you have listed to	g with you. List the person show ne creditor on Schedule D (Officia Schedule E/F. or Schedule G to f
3. In Col in line Form	s. Did your spouse, former spo umn 1, list all of your codeb 2 2 again as a codebtor only	tors. Do not include your if that person is a guaran	spouse as a codebto tor or cosigner. Make	sure you have listed to	
☐ Yes 3. In Col in line Form out Co	umn 1, list all of your codeb 2 again as a codebtor only 106D), Schedule E/F (Officia	tors. Do not include your if that person is a guaran I Form 106E/F), or Sched	spouse as a codebto tor or cosigner. Make	sure you have listed to 06G). Use Schedule D,	ne creditor on Schedule D (Officia Schedule E/F, or Schedule G to f editor to whom you owe the debt
Yes 3. In Col in line Form out Co	umn 1, list all of your codeb e 2 again as a codebtor only 106D), Schedule E/F (Officia olumn 2.	tors. Do not include your if that person is a guaran I Form 106E/F), or Sched	spouse as a codebto tor or cosigner. Make	sure you have listed to 06G). Use Schedule D, Column 2: The cre Check all schedule	ne creditor on Schedule D (Official Schedule E/F, or Schedule G to for schedule G to for schedule G to for schedule G to for schedule E/F, or Schedule G to for schedule E/F, or Schedule G to for schedule G to f
3. In Colin line Form out Co	umn 1, list all of your codeb e 2 again as a codebtor only 106D), Schedule E/F (Officia olumn 2.	tors. Do not include your if that person is a guaran I Form 106E/F), or Sched	spouse as a codebto tor or cosigner. Make	sure you have listed to DGG). Use Schedule D, Column 2: The cro	ne creditor on Schedule D (Official Schedule E/F, or Schedule G to for schedule G to for schedule E/F, or Schedule G to for schedule G to for schedule G to for schedule E/F, or Schedule G to for schedule G to for schedule E/F, or Schedule G to for schedule G to for schedule E/F, or Schedule E/F
3. In Colin line Form out Co	umn 1, list all of your codeb e 2 again as a codebtor only 106D), Schedule E/F (Officia olumn 2. Column 1: Your codebtor Name, Number, Street, City, State and Z	tors. Do not include your if that person is a guaran I Form 106E/F), or Sched	spouse as a codebto tor or cosigner. Make	sure you have listed to 06G). Use Schedule D, Column 2: The cre Check all schedule	ne creditor on Schedule D (Official Schedule E/F, or Schedule G to food to the debt of the schedule G to food the debt of the
Yes 3. In Col in line Form out Co	umn 1, list all of your codeb e 2 again as a codebtor only 106D), Schedule E/F (Officia olumn 2. Column 1: Your codebtor Name, Number, Street, City, State and Z	tors. Do not include your if that person is a guaran I Form 106E/F), or Sched	spouse as a codebto tor or cosigner. Make	Sure you have listed to DGG). Use Schedule D, Column 2: The cre Check all schedule Schedule D, lin Schedule E/F,	ne creditor on Schedule D (Official Schedule E/F, or Schedule G to for schedule G to for schedule E/F, or Schedule G to for schedule G to for schedule E/F, or Schedule E/F,
Yes 3. In Col in line Form out Co	s. Did your spouse, former spoumn 1, list all of your codeb 2 again as a codebtor only 106D), Schedule E/F (Official olumn 2. **Column 1: Your codebtor** Name, Number, Street, City, State and Z	tors. Do not include your if that person is a guaran I Form 106E/F), or Sched	spouse as a codebto tor or cosigner. Make	Sure you have listed to DGG). Use Schedule D, Column 2: The cre Check all schedule Schedule D, lin Schedule E/F,	ne creditor on Schedule D (Official Schedule E/F, or Schedule G to food to the debt of the schedule G to food the debt of the
Yes 3. In Col in line Form out Co	umn 1, list all of your codeb 2 again as a codebtor only 106D), Schedule E/F (Official column 2. Column 1: Your codebtor Name, Number, Street, City, State and Z	tors. Do not include your if that person is a guaran I Form 106E/F), or Sched	spouse as a codebto tor or cosigner. Make ule G (Official Form 1	Sure you have listed to DGG). Use Schedule D, Column 2: The cre Check all schedule Schedule D, lin Schedule E/F, Schedule G, lin	ne creditor on Schedule D (Official Schedule E/F, or Schedule G to for schedule G to for schedule E/F, or Schedule G to for schedule E/F, or Schedule G to for schedule E/F, or Schedule G to for schedule G to for schedule E/F, or Schedule G to for schedule G to for schedule E/F, or Schedule G to for
3. In Col in line Form out Co	umn 1, list all of your codeb 2 again as a codebtor only 106D), Schedule E/F (Official column 2. Column 1: Your codebtor Name, Number, Street, City, State and Z	tors. Do not include your if that person is a guaran I Form 106E/F), or Sched	spouse as a codebto tor or cosigner. Make ule G (Official Form 1	Sure you have listed to DGG). Use Schedule D, Column 2: The cre Check all schedule Schedule D, lin Schedule E/F, Schedule G, lin	ne creditor on Schedule D (Official Schedule E/F, or Schedule G to food to to whom you owe the debt est that apply: e ine e
3. In Col in line Form out Co	umn 1, list all of your codeb 2 again as a codebtor only 106D), Schedule E/F (Official column 2. Column 1: Your codebtor Name, Number, Street, City, State and Z	tors. Do not include your if that person is a guaran I Form 106E/F), or Sched	spouse as a codebto tor or cosigner. Make ule G (Official Form 1	Sure you have listed to DGG). Use Schedule D, Column 2: The cre Check all schedule Schedule D, lin Schedule E/F, Schedule G, lin	ne creditor on Schedule D (Official Schedule E/F, or Schedule G to for schedule G to for schedule E/F, or Schedule G to for schedule E/F, or Schedule G to for schedule E/F, or Schedule G to for schedule G to fo
3. In Colin line Form out Co	umn 1, list all of your codeb 2 again as a codebtor only 106D), Schedule E/F (Official column 2. Column 1: Your codebtor Name, Number, Street, City, State and Z	tors. Do not include your if that person is a guaran I Form 106E/F), or Sched	spouse as a codebto tor or cosigner. Make ule G (Official Form 1	Sure you have listed to DGG). Use Schedule D, Column 2: The cre Check all schedule Schedule D, lin Schedule E/F, Schedule G, lin Schedule D, lin Schedule E/F,	ne creditor on Schedule D (Officis Schedule E/F, or Schedule G to feeditor to whom you owe the debt es that apply: e ine e ine e

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Fill	in this information to identify your ca	ase:								
Del	otor 1 Juana Salas	<u>; </u>			_					
	otor 2				_					
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF NEW YORK							
	se number nown)		-					ed filing ent shov	ving postpetition e following date:	
0	fficial Form 106I					ī	/M / DD/ \	/YYY	-	
S	chedule I: Your Inc	ome					, 22,			12/15
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing w	ng jointly, and yo	our spouse is clude inforn	s liv natio	ing with on abou	you, incl t your sp	ude info ouse. If	ormation about more space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non	n-filing spouse	
	If you have more than one job,	Emmlerment status	■ Employed	■ Employed			☐ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employe	ed			☐ Not e	mployed	t	
	employers.	Occupation	Manager							
	Include part-time, seasonal, or self-employed work.	Employer's name	Santo Domir	ngo Rest In	c.					
	Occupation may include student or homemaker, if it applies.	Employer's address	862 New Lot Brooklyn, N							
		How long employed t	here? 1 ye	ar						
Pai	rt 2: Give Details About Mor	nthly Income					_			
spoi	mate monthly income as of the duse unless you are separated.	ate you file this form. If		·	•			·	·	
•	u or your non-filing spouse have mo e space, attach a separate sheet to	• • •	ombine the inform	ation for all e	mpi	oyers for	tnat perso	on on the	e lines delow. If	you need
						For Del	btor 1		Debtor 2 or filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3	,250.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$_	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	3,2	50.00	\$_	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Juana Salas	-	Case	number (if known)			
					Debtor 1	non-fili	otor 2 or ng spouse	
	Cop	y line 4 here	4.	\$_	3,250.00	\$	N/A	-
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	746.72	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	-
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	-
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A	-
	5e.	Insurance	5e.	\$_	0.00	\$	N/A	-
	5f. 5g.	Domestic support obligations Union dues	5f.	\$_ \$	0.00	\$	N/A N/A	-
	5g. 5h.	Other deductions. Specify:	5g. 5h.+	· : —	0.00	+ \$	N/A N/A	-
6		· · · · · · · · · · · · · · · · · · ·	_	\$ \$				-
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	· —	746.72	· —	N/A	-
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,503.28	\$	N/A	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$_	1,800.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		c		r	N/A	
	04	settlement, and property settlement.	8c. 8d.	\$_ \$	0.00	\$	N/A	-
	8d. 8e.	Unemployment compensation Social Security	8e.	\$ _	0.00	\$	N/A N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$	0.00	\$	N/A	-
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	N/A	-
	8h.	Other monthly income. Specify:	8h.+	• \$_	0.00	+ \$	N/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,800.00	\$	N/A	<u> </u>
10.	Cald	culate monthly income. Add line 7 + line 9.	10. \$		4,303.28 + \$	N	I/A = \$	4,303.28
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						·
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depen	•		ed in <i>Sch</i> e	edule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies				, if it	12. \$Combin	
13.	Dον	you expect an increase or decrease within the year after you file this form	?				monthl	y income
	=	No.	•					
		Yes. Explain:						

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	otor 1 Juana Salas		Che	eck if this is: An amended filing	
	otor 2			•	ving postpetition chapter
	ted States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YC	DRK		MM / DD / YYYY	
l	e number nown)				
	fficial Form 106J				
	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this for mber (if known). Answer every question.				
Par 1.	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> in	for Separate House	<i>hold</i> of Del	otor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state the dependents names.				□ No □ Yes
					□ No
				_	Yes
					□ No
					☐ Yes
					□ No □ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				Li res
Par	t 2: Estimate Your Ongoing Monthly Expenses				
Est exp	imate your expenses as of your bankruptcy filing date unless your expenses as of a date after the bankruptcy is filed. If this is a supplibilicable date.				
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on Schedule I: Yoficial Form 106I.)			Your expe	enses
(01	nciai Form 100i.)				
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	4.	\$	3,200.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	\$	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	:	0.00
_	4d. Homeowner's association or condominium dues		4d.		0.00
5.	Additional mortgage payments for your residence, such as home	ne equity loans	5.	Φ	0.00

Debtor 1	Juana Salas	Case num	ber (if known)	
. Utiliti	ae:			
	Electricity, heat, natural gas	6a.	\$	375.00
	Water, sewer, garbage collection	6b.	·	0.00
	Telephone, cell phone, Internet, satellite, and cable services	6c.	·	355.00
	Other. Specify:	6d.	·	0.00
	and housekeeping supplies	7.	\$	485.00
	care and children's education costs	8.	\$	0.00
	ing, laundry, and dry cleaning	9.	\$	100.00
	onal care products and services	10.	\$	150.00
	cal and dental expenses	11.	\$	
	portation. Include gas, maintenance, bus or train fare.	11.	Ψ	50.00
	t include car payments.	12.	\$	355.00
	tainment, clubs, recreation, newspapers, magazines, and books	13.		110.00
	table contributions and religious donations	14.	· -	0.00
5. Insur a	•			0.00
	t include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	0.00
	Other insurance. Specify:	15d.	· -	0.00
	5. Do not include taxes deducted from your pay or included in lines 4 or 20.		·	
Specif	, , ,	16.	\$	0.00
7. Instal	Iment or lease payments:		· -	
	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report		· —	
	cted from your pay on line 5, Schedule I, Your Income (Official Form 106)		\$	0.00
 Other 	payments you make to support others who do not live with you.		\$	0.00
Specif	fy:	19.		
O. Other	real property expenses not included in lines 4 or 5 of this form or on Sc	hedule I: Yo	our Income.	
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
1. Other	: Specify:	21.	+\$	0.00
	· · · · · · · · · · · · · · · · · · ·			
	late your monthly expenses			
	Add lines 4 through 21.		\$	5,180.00
22b. C	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2	\$	
22c. A	dd line 22a and 22b. The result is your monthly expenses.		\$	5,180.00
3 Calou	late your monthly net income			
	late your monthly net income.	220	¢	4 202 20
	Copy line 12 (your combined monthly income) from Schedule I.	23a.		4,303.28
∠3D.	Copy your monthly expenses from line 22c above.	23b.	-φ	5,180.00
230	Subtract your monthly expenses from your monthly income.			
∠3C.	The result is your <i>monthly net income</i> .	23c.	\$	-876.72
For exa	ou expect an increase or decrease in your expenses within the year after ample, do you expect to finish paying for your car loan within the year or do you expect you ation to the terms of your mortgage?			e or decrease because of a
■ No				
☐ Ye				

Fill in this inf	ormation to identify your	case:				
Debtor 1	Juana Salas First Name	Middle Norse	Loo	Nama		
Debtor 2	First Name	Middle Name	Las	Name		
(Spouse if, filing)	First Name	Middle Name	Las	Name		
United States	Bankruptcy Court for the:	EASTERN DISTRICT O	F NEW YOR	RK		
Case number						
(if known)						Check if this is an amended filing
If two married You must file obtaining mor years, or both		r, both are equally respon the bankruptcy schedules n connection with a bank	nsible for s	upplying correct info	ormation. g a false state	12/15 ement, concealing property, or 10, or imprisonment for up to 20
Did you	pay or agree to pay some	one who is NOT an attor	ney to help	you fill out bankrup	tcy forms?	
■ No						
☐ Yes	. Name of person		Attach Bankruptcy Petition Pre			
	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and s	chedules filed with t	his declaratio	on and
X /s/ J	uana Salas		Х			
Juar	na Salas ature of Debtor 1			Signature of Debtor 2	2	
Date	January 14, 2020			Date		

Official Form 106Dec

Fill in	this inform	ation to identify you	r case:			
Debtor	· 1	Juana Salas				
Dobtos	. 0	First Name	Middle Name	Last Name		
Debtor (Spouse		First Name	Middle Name	Last Name		
United	States Ban	kruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK		
Casa r	number					
(if known					_	Check if this is an amended filing
Offic	ial For	m 107				
			Affairs for Indivi	duals Filing for B	ankruptcy	4/19
nforma	ation. If mo	ore space is needed,). Answer every ques	attach a separate sheet to	are filing together, both are this form. On the top of an		
		current marital statu		a Lived Belore		
1. VV	nat is your	current marital statu	15 f			
	Married					
•	Not marr	ied				
2. Du	ıring the la	st 3 years, have you	lived anywhere other than	where you live now?		
	No					
	Yes. List	all of the places you li	ived in the last 3 years. Do n	ot include where you live nov	V.	
D	ebtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there
				gal equivalent in a commun vada, New Mexico, Puerto R		
	No					
	Yes. Mal	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part 2	Explair	the Sources of You	r Income			
	•					
Fil	I in the total	amount of income yo	u received from all jobs and	ng a business during this you all businesses, including part e together, list it only once ur	-time activities.	endar years?
	No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	Gross income (before deductions
				exclusions)		and exclusions)
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$2,032.36	☐ Wages, commissions, bonuses, tips	(

Official Form 107

For last calend (January 1 to					Debtor 2		
(January 1 to		Source			Debtor 2		
(January 1 to							
(January 1 to		Check	es of income all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
		■ Wag bonuse	ges, commissions, es, tips	\$12,353.00	☐ Wages, com bonuses, tips	missions,	
F 4b		□ Оре	erating a business		☐ Operating a	business	
(January 1 to	dar year bef December 3		ges, commissions, es, tips	\$12,532.00	☐ Wages, com bonuses, tips	missions,	
		□Оре	erating a business		☐ Operating a	business	
List each s	•	ne gross income from	·	ou received together, list it o	•		
		Debtor	1		Debtor 2		
		Source	es of income ee below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below.		Gross income (before deductions and exclusions)
Part 3: List	Certain Pay	ments You Made B	efore You Filed for E	Bankruptcy			
□ No.	Neither De individual p During the S No. Yes * Subject to	btor 1 nor Debtor 2 rimarily for a persona 90 days before you fil Go to line 7. List below each crec paid that creditor. Do not include payment to adjustment on 4/01, r Debtor 2 or both h	ed for bankruptcy, did ditor to whom you paid o not include paymen s to an attorney for th /22 and every 3 years ave primarily consul	mer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,825* or more is ts for domestic support obliguis bankruptcy case.	I of \$6,825* or more pay ations, such as ch	re? ments and the ild support a f adjustment.	ne total amount you nd alimony. Also, do
	■ No. □ Yes		r domestic support ob	d a total of \$600 or more and oligations, such as child supp			
	s Name and	Address	Dates of paymer	nt Total amount	Amount you still owe	Was this p	payment for

Case number (if known)

7.	Within 1 year before you filed for bankrupte Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	ontrol, or owner of 20% or	eral partners; partner more of their voting	erships of which yo g securities; and ar	u are a general partner; corporations ny managing agent, including one fo
	No☐ Yes. List all payments to an insider.				
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for this payment
0	Within 4 years before you filed for bondown	did male amuna.	paid	still owe	
8.	Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos		nents of transfer a	my property on a	ccount of a dept that benefited an
	■ No□ Yes. List all payments to an insider				
	Insider's Name and Address	Dates of payment	Total amount	Amount you still owe	Reason for this payment
Do	- Identify Land Actions Beneaucian	and Fernalesures	paid	Still Owe	Include creditor's name
	rt 4: Identify Legal Actions, Repossession				
9.	Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.				
	□ No				
	Yes. Fill in the details.				
	Case title Case number	Nature of the case	Court or agency		Status of the case
	Consolidated Ediosn vs Juana Salas 403766-16	Collection	Queens Civil C 89-17 Supthin I Jamaica, NY 11	Blvd	■ Pending□ On appeal□ Concluded
	Consolidated Edison vs Juana Salas 400616-18	Collection	Queens Civil C 89-17 Supthin I Jamaica, NY 11	Blvd	■ Pending □ On appeal □ Concluded
	Brooklyn Union Gas Company vs Juana Salas 040357-19	Collection	Queens Civil C 89-17 Supthin I Jamaica, NY 11	Blvd	Pending On appeal Concluded
	U.S. Bank Trust N.A. vs Juana Salas 711038/2018	Foreclosure	Queens Suprer 88-19 Supthin I Jamaica, NY 11	Blvd	Pending On appeal Concluded
	Midland Funding LLC vs Juana Salas 022485-10	Collection	Kings County (141 Livingston Brooklyn, NY 1	Street	■ Pending □ On appeal □ Concluded
	Midland Funding LLC vs Juana Salas 022485-10	Collection	Kings County (141 Livingston Brooklyn, NY 1	Street	■ Pending □ On appeal □ Concluded

Debtor 1 Juana Salas

Del	otor 1 Juana Salas		Case number (if known)	
	Case title Case number	Nature of the case	Court or agency	Status of th	ne case
	Midland Funding LLC vs Juana Salas 022486-10	Collection	Kings County Civil Cour 141 Livingston Street Brooklyn, NY 11201	Pending On appe	eal
	Brooklyn Union Gas Company vs Juana Salas 417414-14	Collection	Kings County Civil Cour 141 Livingston Street Brooklyn, NY 11201	Pending On appe	eal
	Brooklyn Union Gas Company vs Juana Salas 403556-15	Collection	Kings County Civil Cour 141 Livingston Street Brooklyn, NY 11201	Pending On appe	eal
	Brooklyn Union Gas Company vs Juana Salas 412511-17	Collection	Kings County Civil Cour 141 Livingston Street Brooklyn, NY 11201	Pending On appe	eal
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address			garnished, attached	Value of the
		Explain what happene	ed		property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No Yes. Fill in the details.			titution, set off any a	amounts from your
	Creditor Name and Address	Describe the action th	ne creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		perty in the possession of an a	ssignee for the bend	efit of creditors, a
	■ No □ Yes				
Pa	t 5: List Certain Gifts and Contributions				
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, did you give any git	fts with a total value of more th	an \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gift	S	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				

Case 1-20-40236-cec Doc 1 Filed 01/14/20 Entered 01/14/20 17:54:22 Juana Salas Case number (if known) 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Description and value of any property Person Who Was Paid Date payment Amount of transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You 1/4/20 Law Office of Seni Popat \$2,500.00 **Attorney Fees** 260-14 Hillside Avenue Glen Oaks, NY 11004 sp@splawpc.com Description and value of any property Date payment Amount of transferred or transfer was payment made

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Address

Debtor 1

No

Yes. Fill in the details.

Person Who Was Paid Address

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Yes. Fill in the details.

Person Who Received Transfer Address

Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Case 1-20-40236-cec Doc 1 Filed 01/14/20 Entered 01/14/20 17:54:22

Case number (if known)

19.	Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-prote No Yes. Fill in the details.	, ,	y property to a s	elf-settled trust or sim	ilar device of v	which you are a
	Name of trust	Description and v	alue of the prope	rty transferred		Date Transfer was nade
Par	List of Certain Financial Accounts, Instr	ruments, Safe Deposit	Boxes, and Stor	age Units		
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No	other financial accour	nts; certificates o	•		
		ast 4 digits of account number	Type of accountinstrument	t or Date account closed, solo moved, or transferred		Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables?	ar before you filed for	bankruptcy, any		ther depositor	ry for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		escribe the contents		Do you still have it?
22.	Have you stored property in a storage unit or No Yes. Fill in the details.	place other than your	home within 1 ye	ear before you filed fo	r bankruptcy?	
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, State and ZIP Code)		escribe the contents		Do you still have it?
	Do you hold or control any property that some for someone.		ide any property	you borrowed from, a	are storing for,	or hold in trust
	Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		escribe the property		Value
	t 10: Give Details About Environmental Information Give Details About Environmental Information					
	Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s	air, land, soil, surface	water, groundw	• •		
	Site means any location, facility, or property a to own, operate, or utilize it, including disposa	as defined under any e		v, whether you now o	wn, operate, o	r utilize it or used
	Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or		as a hazardous w	aste, hazardous subs	stance, toxic s	ubstance,

Debtor 1

Juana Salas

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case number (if known)

24.	Has any governmental unit notified you that	you may be liable or potentially liable	under or in violation of an environme	ntal law?
	■ No			
	Yes. Fill in the details.	0	Endows Market Land Market	Data af matica
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of	any release of hazardous material?		
	No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adm	ninistrative proceeding under any envir	ronmental law? Include settlements a	nd orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	11: Give Details About Your Business or 0	Connections to Any Business		
27.	Within 4 years before you filed for bankrupt	cy, did you own a business or have any	y of the following connections to any	business?
	☐ A sole proprietor or self-employed in	n a trade, profession, or other activity,	either full-time or part-time	
	☐ A member of a limited liability comp	any (LLC) or limited liability partnershi	p (LLP)	
	☐ A partner in a partnership			
	■ An officer, director, or managing exc	ecutive of a corporation		
	☐ An owner of at least 5% of the voting	•		
	■ No. None of the above applies. Go to P	art 12.		
	Yes. Check all that apply above and fill	in the details below for each business.		
	Business Name	Describe the nature of the business	Employer Identification number	han an ITINI
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security r	iumber or i i in.
	Anthonys Resturant and Pizzeria	Pizzeria	EIN: xxxxx2102	
	799 Stanley Avenue Brooklyn, NY 11207	Self Prepared	From-To 2007-2018	
	,	·		
28.	Within 2 years before you filed for bankruptoinstitutions, creditors, or other parties.	cy, did you give a financial statement to	o anyone about your business? Inclu	de all financial
	■ No			
	Yes. Fill in the details below.			
	Name Address	Date Issued		
	(Number, Street, City, State and ZIP Code)			

Debtor 1 Juana Salas

Debto	r 1 _Juana Salas		Case number (if known)
Part 1	2: Sign Below		
are tru		ing a false statement, concealing	hments, and I declare under penalty of perjury that the answers property, or obtaining money or property by fraud in connection for up to 20 years, or both.
/s/ Ju	ana Salas		
	a Salas ture of Debtor 1	Signature of Debt	or 2
Date	January 14, 2020	Date	
Did you ■ No □ Yes	. •	ntement of Financial Affairs for li	ndividuals Filing for Bankruptcy (Official Form 107)?
Did yo	u pay or agree to pay someone who i	s not an attorney to help you fill	out bankruptcy forms?
☐ Yes	. Name of Person Attach the Ba	ankruptcy Petition Preparer's Notic	e, Declaration, and Signature (Official Form 119).

Fill in this inform	nation to identify your	case:					
Debtor 1	Juana Salas	MC I II N					
Debtor 2	First Name	Middle Name		Last Name			
(Spouse if, filing)	First Name	Middle Name		Last Name			
United States Ba	inkruptcy Court for the:	EASTERN DISTR	ICT OF NEV	V YORK			
Case number _						_	ck if this is an ended filing
	nt of Intentio				ler Chapte	er 7	12/15
	ividual filing under cha e claims secured by yo	-	out this for	m if:			
■ you have leas You must file thi	sed personal property a s form with the court w ever is earlier, unless th	nd the lease has no rithin 30 days after	you file you				
	eople are filing together and date the form.	r in a joint case, bot	th are equa	ly responsible for su	applying correct in	nformation. Bot	h debtors must
Be as complete a	and accurate as possib our name and case nur	nber (if known).	needed, at	ach a separate shee	et to this form. On	the top of any	additional pages,
	our Creditors Who Have		.			<i>(241.1.1.</i>	
1. For any credite information be	ors that you listed in Pa elow.	art 1 of Schedule D	: Creditors	Who Have Claims Se	cured by Property	y (Official Form	106D), fill in the
Identify the cre	editor and the property t	hat is collateral	What do y secures a	you intend to do with a debt?	n the property that		claim the property pt on Schedule C?
Creditor's B name:	si Financial Services	S		der the property. In the property and rede	eem it.	□ No	
Description of	8712 77th Street W	oodhaven,		the property and ente	r into a	■ Yes	
property securing debt:	NY 11421 Queens	County		the property and [exp	lain]:	_	
For any unexpire in the informatio	our Unexpired Persona ed personal property le n below. Do not list rea e an unexpired persona	ase that you listed Il estate leases. Un	expired leas	ses are leases that ar	re still in effect; th	e lease period	cial Form 106G), fill has not yet ended.
Describe your u	nexpired personal pro	perty leases				Will the lease	be assumed?
Lessor's name: Description of lea	ased					□ No	
Property:						☐ Yes	
Lessor's name: Description of lea	ased					□ No	
Property:						☐ Yes	
Lessor's name:						□ No	
Official Form 108		Statement of In	tention for I	ndividuals Filing Un	der Chapter 7		page 1

Case 1-20-40236-cec Doc 1 Filed 01/14/20 Entered 01/14/20 17:54:22

Debt	tor 1 Juana Salas	Case number (if known)	
	cription of leased perty:		☐ Yes
Desc	sor's name: cription of leased		□ No
	perty: sor's name:		☐ Yes
	cription of leased perty:		☐ Yes
Desc	cor's name: cription of leased perty:		□ No □ Yes
Less	sor's name: cription of leased		□ No
Prop	perty:		☐ Yes
	Sign Below er penalty of perjury, I declare that I have indicated my intention about any erty that is subject to an unexpired lease.	y property of my estate that sec	cures a debt and any personal
	/s/ Juana Salas X	nature of Debtor 2	
	Juana Salas Signature of Debtor 1	nature of Debtor 2	
	Date January 14, 2020 Date		

Fill in this information to identify your case:		Check one box only as d	irected in this form and in F	orm
Debtor 1 Juana Salas		122A-1Supp:		
Debtor 2		-		
(Spouse, if filing)		■ 1. There is no pres	umption of abuse	
United States Bankruptcy Court for the:	ct of New York	applies will be n	o determine if a presumption nade under <i>Chapter 7 Meal</i> icial Form 122A-2).	
Case number (if known)			,	,
(i kilowi)			does not apply now because service but it could apply I	
		☐ Check if this is a	n amended filing	
Official Form 122A - 1			ir amenaea iiing	
Chapter 7 Statement of Your C	urrent Monthly li	ncome		12/19
Chapter / Statement of Tour C	dirent Monthly II	iconie		12/19
Be as complete and accurate as possible. If two married peo attach a separate sheet to this form. Include the line number case number (if known). If you believe that you are exempted qualifying military service, complete and file Statement of Ex	to which the additional informati I from a presumption of abuse be	on applies. On the top of a cause you do not have prir	ny additional pages, write yo narily consumer debts or bed	ur name and cause of
Part 1: Calculate Your Current Monthly Income				
1. What is your marital and filing status? Check on	e only.			
■ Not married. Fill out Column A, lines 2-11.				
☐ Married and your spouse is filing with you. Fi	ill out both Columns A and B, lin	nes 2-11.		
☐ Married and your spouse is NOT filing with y	ou. You and your spouse are	:		
☐ Living in the same household and are not	legally separated. Fill out both	Columns A and B, lines 2	2-11.	
☐ Living separately or are legally separated.				
penalty of perjury that you and your spouse a living apart for reasons that do not include ev				use are
Fill in the average monthly income that you received from	<u> </u>	= ,,,	,	3.C. §
101(10A). For example, if you are filing on September 15, the the 6 months, add the income for all 6 months and divide the				
spouses own the same rental property, put the income from the				Jour
		Column A	Column B	
		Debtor 1	Debtor 2 or non-filing spouse	
2. Your gross wages, salary, tips, bonuses, overting	ne and commissions (before	all	non-ming spouse	
payroll deductions).	no, and commediate (soloro	\$1,650.00	\$	
 Alimony and maintenance payments. Do not incl Column B is filled in. 	ude payments from a spouse if	\$ 0.00	\$	
4. All amounts from any source which are regularl	v paid for household expense	es	·	
of you or your dependents, including child supp	ort. Include regular contribution	ns		
from an unmarried partner, members of your house and roommates. Include regular contributions from				
filled in. Do not include payments you listed on line	,	\$ 750.00	\$	
5. Net income from operating a business, professi				
	Debtor 1			
Gross receipts (before all deductions)	\$ 0.00			
Ordinary and necessary operating expenses	-\$ <u>0.00</u>		r.	
Net monthly income from a business, profession, or	r farm \$0.00 Copy here	e -> \$ <u>0.00</u>	\$	
6. Net income from rental and other real property	Debtor 1			
One and the state of the state	\$ 2,300.00			
Gross receipts (before all deductions)	-\$ 2,300.00			
Cramary and necessary operating expenses	-фСор	v		
Net monthly income from rental or other real property	\$ 1,800.00 here	->\$ 1,800.00	\$	
7. Interest, dividends, and royalties		\$ 0.00	\$	

Official Form 122A-1

Case number (if known)

							olumn A ebtor 1		Column Debtor		
8.	Unem	ployn	nent compensation			\$		0.00	\$	3 1	
	Do no	t ente	r the amount if you contend that the amount security Act. Instead, list it here:	t received was a bei	nefit under	r -			·		
	For	you	spouse \$		0.00						
	For	your	spouse\$								
	benefi not ind United disabil pay pa does r if retire	it under clude a d State lity, or aid un- not ex ed und	retirement income. Do not include any amer the Social Security Act. Also, except as stany compensation, pension, pay, annuity, ones Government in connection with a disability death of a member of the uniformed service der chapter 61 of title 10, then include that peed the amount of retired pay to which you der any provision of title 10 other than chapter	tated in the next ser allowance paid by ty, combat-related in es. If you received a pay only to the exter u would otherwise beter 61 of that title.	ntence, do the njury or any retired nt that it e entitled			0.00	\$		
10.			m all other sources not listed above. Spende any benefits received under the Social S								
	receiv domes United disabi	red as stic te d State lity, or	a victim of a war crime, a crime against hur rrorism; or compensation, pension, pay, anres Government in connection with a disabilit death of a member of the uniformed service a separate page and put the total below.	manity, or internation nuity, or allowance p ty, combat-related ir	nal or paid by the njury or				•		
		·				\$_		0.00	\$		
			(-)			\$_		0.00	\$		
		101	tal amounts from separate pages, if any.		+	\$_		0.00	\$		
11.			our total current monthly income. Add ling. Then add the total for Column A to the to		\$	4,20	00.00	 + \$		=	4,200.00
Part			rmine Whether the Means Test Applies to		::					incom	e
	12a. C	Сору у	your total current monthly income from line 1	I1			Сору	/ line 11 h	nere=>	\$	4,200.00
	N	Multipl	y by 12 (the number of months in a year)							X	12
	12b. T	The re	sult is your annual income for this part of the	e form						12b. \$	50,400.00
13.	Calcu	late ti	he median family income that applies to	you. Follow these s	teps:						
	Fill in	the sta	ate in which you live.	NY							
					_]						
	Fill in	the nu	ımber of people in your household.	1							
	To find	d a list	edian family income for your state and size t of applicable median income amounts, go . This list may also be available at the bank	online using the link						13. \$	56,120.00
14.	How	do the	e lines compare?								
	14a.		Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official		check box	x 1, 7	There is r	no presum	ption of a	abuse.	
	14b.		Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2.	of page 1, check box	c 2, The pr	resun	nption of	abuse is o	determine	ed by Form 1	22A-2.
Part	3:	Sign	Below								
	Е	By sigr	ning here, I declare under penalty of perjury	that the information	on this st	atem	ent and i	in any atta	chments	is true and c	orrect.
	X	/s/ .	Juana Salas								
	٠,	Jua	na Salas								
	_	-	nature of Debtor 1								
	Date	Jan	uary 14, 2020								

Debtor 1 Juana Salas

Debtor 1	Juana Salas	Case number (if known)	
	MM/DD/YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form	1.	

Case 1-20-40236-cec Doc 1 Filed 01/14/20 Entered 01/14/20 17:54:22

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

In r		Eastern Di	strict of New Yor	IX.		
	e _ Juana Salas			Case No.		
			Debtor(s)	Chapter	7	
	DISCLOSURE	E OF COMPENSAT	ION OF ATTO	RNEY FOR DE	BTOR(S)	
	Pursuant to 11 U.S.C. § 329(a) and compensation paid to me within one be rendered on behalf of the debtor(s	Fed. Bankr. P. 2016(b), I ce year before the filing of the	tify that I am the attori	ney for the above name or agreed to be paid	ed debtor(s) and that to me, for services re	
	For legal services, I have agree	d to accept		\$	2,500.00	
	Prior to the filing of this statem				2,500.00	
					0.00	
	The source of the compensation paid	d to me was:				
	■ Debtor □ Other (s	pecify):				
	The source of compensation to be pa	nid to me is:				
	■ Debtor □ Other (s	pecify):				
	■ I have not agreed to share the ab	ove-disclosed compensation	with any other person	unless they are memb	pers and associates of	my law firr
	☐ I have agreed to share the above copy of the agreement, together					aw firm. A
	In return for the above-disclosed fee	e, I have agreed to render leg	al service for all aspec	s of the bankruptcy c	ase, including:	
	reaffirmation agreemer	ition, schedules, statement o	f affairs and plan which confirmation hearing, a to market value; ex- needed; preparation	n may be required; and any adjourned hear emption planning;	ings thereof;	iling of
	(-)(-)()		9			
	By agreement with the debtor(s), the	debtors in any discharge	ot include the following	g service: cial lien avoidance	es, relief from stay	actions o
	By agreement with the debtor(s), the Representation of the c	debtors in any discharge oceeding.	ot include the following	g service: cial lien avoidance	es, relief from stay	actions o
	By agreement with the debtor(s), the Representation of the c	debtors in any discharge oceeding. CER	ot include the following pability actions, judi	cial lien avoidance		
	By agreement with the debtor(s), the Representation of the cany other adversary pro	debtors in any discharge oceeding. CER	ot include the following cability actions, juding TIFICATION ment or arrangement for self-self-self-self-self-self-self-self-	payment to me for re		
his	By agreement with the debtor(s), the Representation of the cany other adversary production. I certify that the foregoing is a compleankruptcy proceeding.	debtors in any discharge oceeding. CER	ot include the following cability actions, judin	r payment to me for research		
his	By agreement with the debtor(s), the Representation of the Cany other adversary production. I certify that the foregoing is a complankruptcy proceeding. January 14, 2020	debtors in any discharge oceeding. CER	ot include the following cability actions, judications, judications, judications and include the following cability actions. In the following cability actions are actions as a few populations are actions as a few populations. In the following cability actions are actions as a few populations are	r payment to me for reservence repayment to me for reservence		

United States Bankruptcy Court Eastern District of New York

In re	Juana Salas		Case No.	
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

> 260-14 Hillside Avenue Ground Floor Floral Park, NY 11004 718-343-8888 Fax: 718-343-8881

USBC-44 Rev. 9/17/98

Amex P.o. Box 981537 El Paso, TX 79998

Brooklyn Union Gas Co 1 Metrotech Center Brooklyn, NY 11201

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Bsi Financial Services 101 N 2nd St Titusville, PA 16354

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Caine Weiner Po Box 55848 Sherman Oaks, CA 91413

Consolidated Edision PO Box 1702 New York, NY 10116

Consolidated Edision PO Box 1702 New York, NY 10116 Department of Buildings 280 Broadway, 1st Floor New York, NY 10007

Department of Buildings PO Box 2307 New York, NY 10272

Department of Finance PO Box 2307 New York, NY 10272

Eos Cca Po Box 981008 Boston, MA 02298

Forster & Garbus LLP 60 Motor Parkway Commack, NY 11725

Forster & Garbus LLP 60 Motor Parkway Commack, NY 11725

Friedman Vartolo LLP 85 Broad St Suite 501 New York, NY 10004

Jpmcb Card Po Box 15369 Wilmington, DE 19850

Midland Credit Managem 320 East Big Beaver Troy, MI 48083

Midland Funding LLC P.O. Box 2001 Warren, MI 48090

Midland Funding LLC P.O. Box 2001 Warren, MI 48090

National Recovery Agen 2491 Paxton Street Harrisburg, PA 17111

NYC Water Board PO Box 11863 Newark, NJ 07101

NYS State Dept of Tax W A Hariman Campus Albany, NY 12227

P. Schenider & Assoc 80 Birch Hill Drive Cairo, NY 12413

P. Schenider & Assoc 80 Birch Hill Drive Cairo, NY 12413

P. Schneider & Associates 80 Birch Hill Drive Cairo, NY 12413

P. Schneider & Associates 80 Birch Hill Drive Cairo, NY 12413

P. Schneider & Associates 80 Birch Hill Drive Cairo, NY 12413

U.S. Bank National Associ 7114 E. Stetson Drive Suite 250 Scottsdale, AZ 85251

Vivian Dole, Esq. 4 Irving Place New York, NY 10003

Vivian Dole, Esq. 4 Irving Place New York, NY 10003 Case 1-20-40236-cec Doc 1 Filed 01/14/20 Entered 01/14/20 17:54:22

William T. Driscoll Esq. 118-35 Queens Boulvard Suite 940 Forest Hills, NY 11375-7200

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

CASE NO.:.

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:
[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]
NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.
☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:
1. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE:
(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
2. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE:(Discharged/awaiting discharge, confirmed, dismissed, etc.)
(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
3. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:

DEBTOR(S): Juana Salas

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE:	
(L	bischarged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to	NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE SCHEDULE "A" OF RELATED CASE:	"A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
<i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals be eligible to be debtors. Such an individual will be require	who have had prior cases dismissed within the preceding 180 days may not ed to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S ATT	TORNEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New Yo	rk (Y/N): Y
CERTIFICATION (to be signed by pro se debtor/petitioner	or debtor/petitioner's attorney, as applicable):
I certify under penalty of perjury that the within bankruptcy as indicated elsewhere on this form.	y case is not related to any case now pending or pending at any time, except
/s/ Seni Popat, Esq.	
Seni Popat, Esq. Signature of Debtor's Attorney Law Office of Seni Popat, P.C. 260-14 Hillside Avenue	Signature of Pro Se Debtor/Petitioner
Ground Floor Floral Park, NY 11004 718-343-8888 Fax:718-343-8881	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009